
1 Who Must Pay Estimated Tax

Every proprietorship required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments, for each individual tax, for its subsequent taxable period; unless the annual estimated tax for the subsequent taxable period, for each individual tax, is less than \$200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period exceeds \$200 for either tax. (See paragraph 6 for exceptions).

2 Where to Mail Payments

Mail estimated tax payment to:

NH Dept Revenue Administration
Document Processing Division
PO Box 637
Concord NH 03302-0637

3 When to Make Payments

CALENDAR YEAR FILERS:

1st quarterly payment due April 15, 1999
2nd quarterly payment due June 15, 1999
3rd quarterly payment due September 15, 1999
4th quarterly payment due December 15, 1999

FISCAL YEAR FILERS:

A quarterly payment is due on the 15th day of the 4th, 6th, 9th, and 12th month following the close of your fiscal year.

FISCAL YEAR FILERS MUST ENTER THE TAX YEAR ON EACH ESTIMATE VOUCHER.

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates.

CHECKS ARE TO BE MADE PAYABLE TO: STATE OF NEW HAMPSHIRE.

5 Underpayment Penalty

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

This penalty will not be imposed if any of the statutory exceptions apply.

6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use form DP 2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty. To obtain this form, please call the forms line at (603) 271-2192.

7 Specific Questions

SPECIFIC QUESTIONS not covered herein should be referred to the Taxpayer Assistance Office, PO Box 637, Concord, N.H. 03302-0637. Telephone (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

BUSINESS PROFITS TAX – PROPRIETORSHIP

1999 Estimated Tax Worksheet (Keep for your records – Do not file)

	BET	BPT
1 ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a BET Taxable Base after Apportionment.....		
b Gross Business Profits Tax After Apportionment.....		
2 TAX		
a Line 1(a) x .0025.....		
b Line 1(b) x 7%.....		
3 CREDITS		
a RSA 162-L, CDFA.....		
b RSA 77-A:5 (Please be sure to include the BET Credit).....		
4 Estimated tax for current year [line 2 less line 3(a) and/or 3(b)].....		
5 Overpayment from last year.....		
6 Balance of Business Taxes Due (line 4 less line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of line 6 of worksheet)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	\$.....	April 15, 1999
2.....	\$.....	\$.....	\$.....	\$.....	June 15, 1999
3.....	\$.....	\$.....	\$.....	\$.....	Sept. 15, 1999
4.....	\$.....	\$.....	\$.....	\$.....	Dec. 15, 1999

IMPORTANT: THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

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NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX-1999For the CALENDAR year **1999** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day Year

OFFICE USE ONLY	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Proprietor)
Please Print or Type	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Spouse)
	NUMBER AND STREET ADDRESS		
	CITY OR TOWN, STATE AND ZIP CODE		
	NH DEPT REVENUE ADMINISTRATION MAIL DOCUMENT PROCESSING DIVISION TO: PO BOX 637 CONCORD NH 03302-0637		Business Enterprise Tax 1 Business Profits Tax 2 Amount of This Payment 3
			Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX-1999For the CALENDAR year **1999** or other tax year beginning

Mo	Day	Year
----	-----	------

 and ending

Mo	Day	Year
----	-----	------

OFFICE USE ONLY	Please Print or Type	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Proprietor)		
		SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Spouse)		
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		MAIL TO: NH DEPT REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637			Amount of This Payment 3 <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Make checks payable to: STATE OF NEW HAMPSHIRE <i>Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.</i>	

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